

Quantity Purchase Agreement With The State Of Indiana

Qty Purchase Agreement QPA Number	00000000000000000009425	Page	1 of 2
Requisition Nbr.:	From B10-2-439A		
Effective Date:	09/01/2003		
Expiration Date:	08/31/2004		
Agency Number:			
Facility:			
Vendor Federal ID:	75-2748077		
Vendor Telephone Nbr:	800-544-6455		
Name Of Contact Pers:	DWIGHT EMERSON		
FAX Number:	606-431-0349		

Vendor
Remit to: LOUIS TRAUTH DAIRY INC
16 E 11TH
PO BOX 1770
NEWPORT KY 41071

Name and
Address
of Vendor: LOUIS TRAUTH DAIRY INC
Cntct: DWIGHT EMERSON
16 E 11TH
PO BOX 1770
NEWPORT KY 41071

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.
The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.
Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT	Article and Description	Unit Price
-------------	----------	------	-------------------------	------------

This is a Quantity Purchase Agreement for Dairy Products for Madison State Hospital. Contract to begin September 1, 2002 or date of last signature, whichever is later, and end August 31, 2003 or one year after the State's last signature, whichever is later. QPA can be mutually renewed yearly for three additional years.

Supply the name and phone number of the contact for placing orders:
Name:Liz
Phone No: 877-846-6455
Fax: 812-689-5761

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Vendor must be able to allow Mutiple Delivery on one QPA Release.

INFORMATION TO BE PROVIDED BY THE VENDOR: Ninety (90) days prior to the expiration date of the contract, the vendor shall advise the Procurement Division of the quantities of each item furnished against this contract for the preceeding 12 month period.

For a complete list of accessories and pricing contact Linda Sharp at lsharp@idoa.state.in.us or 317-233-3901.

Duaracraft Brand - base price + 20% + freight
SeaArk Brand - base price + 20% + freight
Crestliner Brand - base price + 20% + 100 freight
Mercury Brand - base price + 20% + freight if orders are less than 3, more than 3 no freight charge
Bear Brand - base price + 20% + freight

1	999,999,999.00	CH	000000000100004167	Milk, white, 2% lowfat, pasteurized, grade A, plastic coated 1/2 pint carton.	0.1610
2	999,999,999.00	CH	000000000100002991	Milk,White,1%,GradeA,Pasteurized,PlasticCoatedCarton,1/2pt	0.1550
3	999,999,999.00	CH	000000000100001754	Milk, chocolate, 1% lowfat, pasteurized, grade A, 1/2 Pint Plastic coated carton.	0.1620
4	999,999,999.00	CH	000000000100001755	Milk, skim, pasteurized, grade A, 1/2 pint plastic coated carton.	0.1530
5	999,999,999.00	CT	000000000100004263	Yogurt,AssortedFruitFlavors,5lb,Live & Active Culture including L acidophilus and bilfore	3.1000
6	999,999,999.00	DZN	000000000100004274	IceCream,Chocolate,Sundae,4oz	2.2800
7	999,999,999.00	DZN	000000000100004275	IceCream,Strawberry,Sundae,4oz	2.2800
8	999,999,999.00	DZN	000000000100004276	IceCream,Bar,Orange,Dream,2.5oz	2.2800
9	999,999,999.00	DZN	000000000100004278	IceCream,Cone,Nutty,2.5oz	2.7600
10	999,999,999.00	CT	000000000100004731	Buttermilk, cultured, 2% butterfat, pasteurized, grade A, 1/2 pint plastic coated carton. Madison State Hospital.	0.1650

Quantity Purchase Agreement With The State Of Indiana

Qty Purchase Agreement QPA Number	Page
000000000000000000009425	2 of 2
Requisition Nbr.:	From B10-2-439A
Effective Date:	09/01/2003
Expiration Date:	08/31/2004
Agency Number:	
Facility:	
Vendor Federal ID:	75-2748077
Vendor Telephone Nbr:	800-544-6455
Name Of Contact Pers:	DWIGHT EMERSON
FAX Number:	606-431-0349

Vendor LOUIS TRAUTH DAIRY INC
Remit to: 16 E 11TH
PO BOX 1770
NEWPORT KY 41071

Name and LOUIS TRAUTH DAIRY INC
Address Cntct: DWIGHT EMERSON
of Vendor: 16 E 11TH
PO BOX 1770
NEWPORT KY 41071

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.
The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date.
The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.
Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT	Article and Description	Unit Price
11	999,999,999.00	DZN000000000100004732	Chocolate Ice Cream Cups, 4 oz. 12/cs. Madison State Hospital	2.2800
12	999,999,999.00	DZN000000000100004733	Strawberry Ice Cream Cups, 4 oz. 12/cs. Madison State Hospital	2.2800
13	999,999,999.00	DZN000000000100004734	Vanilla Ice Cream Cups, 4 oz. 12/cs. Madison State Hospital	2.2800
14	999,999,999.00	DZN000000000100004735	Popsicle, Assorted Flavor, 2.5oz	1.3200

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053		